

## **OFFICE OF POPULATION AFFAIRS OFFICE OF FAMILY PLANNING**

### **SUPPLEMENTAL INFORMATION FOR PREPARING CLINICAL SPECIALTY TRAINING GRANT APPLICATIONS**

The following information is provided to assist in the preparation of Clinical Specialty Training Grant applications under Title X of the Public Health Service Act. This Supplemental Information is to be used with the Grant Application Form OPHS-1 (Rev. 6-01).

#### **SUBMISSION OF APPLICATION**

Applications must be received at the following address no later than the close of business of the deadline date set by the Office of Population Affairs.

Four complete applications (1 original and 3 copies) are required for review. Please send the signed original and two copies to:

Office of Population Affairs  
Grants Management Office  
4350 East-West Highway, Suite 200  
Bethesda, MD 20814

Send one copy to the Regional Program Consultant (RPC) in the appropriate Regional Office. A list of the RPCs is included in the application kit.

#### **Budget Information**

All budget information for the following items must be fully explained and justified.

#### **Personnel**

On a separate page, list all personnel, professional and non-professional, for whom salary is requested. List each by name and position or by position only if the position is not filled. For each professional staff member, state the percent of time spent on grant-related and on non-grant-related activities. The sum of percentages of time expended by each individual for all professional activities must not exceed 100 percent.

For each non-professional staff member, indicate hours per week on the project.

List the total program effort in hours or percent of time that personnel (including voluntary faculty, professional, technical, secretarial, or clerical) devote to the training program, and reflect their contribution in the budget justification even though federal funds for these salaries have not been requested. Information on both grant and non-grant supported positions is essential in order for reviewers to determine if program resources are adequate.

List the dollar amounts separately for salary and fringe benefits for each employee. In the computation of estimated salary changes, an individual's base salary must represent the total authorized annual compensation that an applicant organization would be prepared to pay for a specified work period regardless of whether an individual's time would be spent on government-sponsored or non-government-sponsored research, teaching or other activities. The base salary for the purposes of computing charges to a grant excludes income which an individual may be permitted to earn outside of full-time duties to the applicant organization.

Where appropriate, indicate whether the amounts requested for the professional personnel are for academic year salaries or for summer salaries, and indicate the formulas for calculating summer salaries. Fringe benefits, if treated consistently by the grantee institution as a direct cost to all sponsors, may be treated separately for each individual in proportion to the salary requested or may be entered as a total if your institution has established a composite fringe benefit rate.

In the case of competing applications an applicant has the option of omitting specific salary and fringe benefit amounts for individuals from the copies of the application which are made available to outside review groups. If you choose to exercise this option, use asterisks on the original and three copies of the application to indicate those individuals for whom salaries and fringe benefits are being omitted; the subtotals must still be shown. In addition, submit a separate page of the application indicating the amount of the salary and fringe benefits requested for each individual listed. This budget page will be reserved for the use of internal staff only.

### **Staff Travel**

Enter the amount for staff travel essential to the conduct of the training program. Describe the purpose of the travel, giving the estimated number of trips involved, the destination(s) and number of individuals for whom funds are requested. Please note that foreign travel is not an allowable cost.

### **Equipment**

List and justify each separate item of equipment costing more than \$5,000. If you are requesting funds to purchase equipment which is similar to equipment you already have, explain the need for the duplication.

### **Supplies**

Itemize and justify major types of supplies, such as general office and photocopying expenses (expendable personal property) related to the training program, for all supplies purchased with grant funds.

### **Other**

List Consultant Costs, Advisory Committee Meeting Cost, Trainee Expenses and Other expenses by major categories.

1. Give the name and institutional affiliation of each consultant, if known, and indicate the nature and extent of the consultant services to be performed. Included the expected rate of compensation and total fees, travel, per diem or other related costs for each consultant.
2. Trainee expenses are allowable for trainees recruited from rural areas and Health Professional Shortage Areas. Itemize stipends and travel expenses separately.

### **Indirect Costs**

Indirect cost reimbursement is limited to 8 percent of total direct costs, excluding tuition and related fees and expenditures for equipment, or to the actual indirect cost rate, whichever is less. State and local government agencies may request full indirect costs.

### **Review of Training and Teaching Materials**

All training and teaching materials developed or used by the training project shall be reviewed by the regional training advisory committee.